

**DEAR VOLUNTEER,**

**1. PLEASE OBTAIN A TB SKIN TEST (unless the following applies):**

- If your last TB skin test was positive, and you can provide a copy of the test result, you won't need another test
- If you had a negative test within the last 3 months, and you can provide a copy of the test result, you won't need another skin test now

**2. THE FOLLOWING PEOPLE NEED A CHEST X-RAY (unless you can provide a normal x-ray report, taken within the last 3 months):**

- Individuals with a documented positive skin test
- HIV positive (whether you have a positive or a negative TB skin test)

***Please see your medical provider for these services.  
If you have none, contact TB Control at 692-5565***

**MEDICAL CARE PROVIDER, please complete this form:**

**VOLUNTEER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

▪ **A PPD skin test is required (unless one of the following criteria is met):**

- 1) *If a positive PPD skin test result is recorded below*
- 2) *If a negative PPD skin test result, done within the last 3 months is recorded*

**Date PPD read:** \_\_\_\_\_ **Result:** \_\_\_\_\_ mm

▪ **A Chest X-ray is required for any of the following conditions (unless a normal chest x-ray was taken within the last 3 months):**

- 1) *Positive PPD:    ≥ 10mm*
- 2) *If volunteer is HIV positive.*
- 3) *If volunteer has symptoms consistent with TB.*

**Chest X-ray date:** \_\_\_\_\_ **Result:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Medical Facility and Phone number

\_\_\_\_\_  
Name / Title